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Quarterly Statistical Review

Alberta

SOCIAL SERVICES AND
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CHARACTERISTICS OF P.S.S. DAY CARE USERS IN ALBERTA

Dianne Anderson*

INTRODUCTION

In 1966, legislation establishing the Preventive Social Services (P.S.S.) program came into effect in Alberta. This act enabled municipalities to provide for the establishment, administration and operation of preventive social service programs within municipalities. Funding for these programs would be made available on a cost shared basis through the Department of Social Services and Community Health (then Health and Social Development). One of the Preventive Social Service programs established under the act was day care.

The purpose of this day care program was to provide out-of-the-home care and supervision to young children. Three types of care were established through the program. One type provided after-school care for school age children. The other two programs provided care for preschool children in either a group (day care) or home setting (family day care). This article will deal only with the characteristics of the families whose children receive care in group day care.

COMPARISON OF P.S.S. AND PRIVATE DAY CARE CENTRES

Between 1970-71 and 1974-75, the number of spaces in the P.S.S. day care centres increased from approximately 600 to 1,725 spaces. Table 1 shows the location of these centres in the province. Over this same time period, space in day care centres operated by the private sector increased from 3,300 to 6,100. The growth of P.S.S. day care centres has therefore been more rapid than that in the private sector (187.5 per cent compared to 84.9 per cent).

The latest statistics available[1] suggest that there are 42,000 women working full time in Alberta who have preschool children. Single parents constitute approximately 3,700[2] of this number. Each working woman has an average of 1.3 preschool children, for a total of 55,000 children requiring some

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[1]Based on data from the Consumer Finance Survey, Statistics Canada, 1973. There are also a small number of male single parent families with preschool children.

[2]In addition, there were approximately 5520 women on public assistance with preschool children in Alberta in 1974-75.

form of care while the parents work. Based on these statistics, P.S.S. day care centres provide care for only 3.1 per cent of these children in the province. An additional 11 per cent receive care in private centres. While exact percentages are not known, it is assumed that most of the remaining children are cared for by family members, friends, relatives or in paid care arrangements in private homes.

The cost of operating the 37 P.S.S. centres in the province in 1974-75 ranged from $120 to $175 per space per month. This range in operating costs may be attributed to differential rental fees and capital cost expenditures and to variations in municipal standards, such as different staffing patterns. Fees generally reflected the user's ability to pay, with very low income families paying only a nominal fee. Most families, however, received some subsidization.

In comparison, families using private centres in 1974-75 paid the full operating cost which ranged from $75 to $120 per space per month depending upon the centre. The higher operating costs of the P.S.S. centres may be attributed to the higher standards set by municipalities for the operation of these centres. The private centres, on the other hand, must comply only with the provincial standards which are not as high in areas such as staff/child ratios, number of square feet per child, or the nutritional standards which must be met by the centre. Although there are not separate municipal standards which apply to all P.S.S. centres in the province, staffing standards, equipment and nutritional requirements generally follow those established by the cities of Calgary and Edmonton, and are therefore higher in these centres than in the private centres; thus contributing to a higher overall cost.

Admission criteria to P.S.S. centres also differs from private centres. For example, priority in P.S.S. centres is given to single parent families, to low income families where the parents are working and/or training at educational institutions and to families with special needs. Families with special needs might include children with distinctive physical, emotional or intellectual needs or parents who are suffering severe emotional or physical stress. Private centres, on the other hand, generally do not have a policy of accepting children or parents with special needs.

The remainder of this article will report the characteristics of P.S.S. day care users.[3] There is currently no data available on the characteristics of users of private centres.

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[3] This information was obtained through a questionnaire survey.

CHARACTERISTICS OF P.S.S. DAY CARE USERS

In 1974/75, children in P.S.S. day care centres ranged in age from two to five; however, a few centres also accepted children under two and over five (Table 2). Four-year-olds constituted the largest percentage of children.

Single parent families, in keeping with stated government policy, make the most frequent use of the P.S.S. centres. In fact, almost twice as many one- as two-parent families had their children in these centres (834 as compared to 468). Approximately 70 per cent of both single- and two-parent families using the centres indicated that they use a day care so that they are able to work (Table 3). The next most frequently cited reason for using day care was to allow the parent to attend an educational institution (27.1 per cent for one-parent families and 24.4 per cent for two-parent families). Some families utilized centres because the child and/or the parents had special needs. For single parent families 2.9 per cent utilized a centre for this reason, while this was the reason cited by 6.8 per cent of the two parent families.

With the exception of Edmonton and Calgary, many day care centres accommodated children part time as well as full time. Families using the centres on a full time basis usually paid a monthly fee, while part time users paid an hourly rate. Fees for full time care ranged from less than $10 per month to $175 per month. Most centres used a sliding fee schedule which took into consideration the net or gross family income (depending on the centre) in determining the fee charged. Table 4 shows the fees paid by the families in the different communities. The average fee is $36.55 per month. Half of the families utilizing day care pay either less than $10 per month or more than $70 per month.

Table 5 shows the gross incomes of one- and two-parent families using day care services. As would be expected, single parent families had a lower gross income than two parent families. Over 80 per cent of the monthly incomes of single parent families were below $600. Approximately 66 per cent of two parent families had monthly incomes exceeding $900. Median incomes ranged from $350 to $650 per month for single parent families and from $499 to $900 or more per month for two parent families. The overall median income for single-parent families was $450 per month ($5,400 per year) and for two-parent families it was $750 per month ($9,000 per year).[4]

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[4] In 1974, the gross average income of families in Alberta was $1200 per month or $14,401 per year (Consumer Finance Survey, Statistics Canada, 1975).

Government subsidization of the P.S.S. day care program in the 1974-75 fiscal year was $2.3 million. Twenty per cent of this expenditure was subsidized by the municipal government and 30 per cent by the provincial government. The remaining 50 per cent was cost shared by the federal government, through the Canada Assistance Plan.

CONCLUSION

Although there has been a marked increase over the past four years in the number of P.S.S. day care spaces in the province, the demand for this type of child care facility is still considerable. For example, all of the centres in Edmonton and Calgary had long waiting lists in 1975.[5] This demand is not expected to lessen in the future for several reasons.

Firstly, Alberta's buoyant economy will allow many women to seek employment outside the home.[6] In the past seven years, there has been a rapid increase in the female participation rate, having grown from 37.1 per cent in 1967 to 43.3 per cent in 1974. In comparison the Canadian average in 1974 was only 39.4 per cent.[7] Alberta's growing economy is also responsible for attracting many new families to Alberta from outside the province. It is anticipated that this influx of new families will also contribute to the need for more day care space.

Secondly, since the population in Alberta currently consists of a large number of females of child-bearing age, the number of young children is expected to increase in the next few years. The high divorce rate in Alberta is another reason which points to an increased demand for day care. That is, if many divorced parents are to support their families on a single salary, subsidized day care will be a prerequisite. This is particularly true for female family heads[8] whose salaries are generally lower than their male counterparts.

Based upon the above reasons, there is every indication that the future demand for quality subsidized day care will be even greater than it is today. The department is presently assessing these needs with regard to future policy development.

[5]Although the demand may not be as great on the centres outside Edmonton and Calgary, most centres reported few vacancies.

[6]As more women seek employment outside the home, fewer women will be available to care for young children in private care arrangements.

[7]Labour Force Survey, Statistics Canada, 1974.

[8]Another group who require subsidized day care in order to work are the mothers with dependents currently on social assistance.

TABLE 1

P.S.S. DAY CARE CENTRES IN ALBERTA 1974-75

Location	Number of P.S.S. Centres	Maximum Number of Spaces
Calgary	12	740
Edmonton	10	519
Banff	1	30
Camrose	1	60
Falher	1	26
Grande Prairie	1	25
Hythe	1	14
Lethbridge	1	20
Medicine Hat	3	101
Red Deer	2	70
Slave Lake	1	35
St. Albert	1	35
St. Paul	1	25
Wainwright	1	25
Total	37	1,725

Source: Questionnaire Survey

TABLE 2

AGE DISTRIBUTION OF CHILDREN USING P.S.S. DAY CARES, ALBERTA, 1974/75*

Location		Age in Years					
		2 and Under	3	4	5	6	Total
Calgary		143	179	228	175	15	740
Edmonton		18	128	184	186	3	519
Banff		2	7	3	1		13
Camrose		12	12	12	12	2	50
Falher		11	3	9	3		26
Grande Prairie		0	4	9	11		24
Hythe		3	3	2	3		11
Lethbridge		2	4	5	9		20
Medicine Hat		45	41	40	42		168
Red Deer		9	19	19	21	0	68
Slave Lake		3	9	7	2	1	22
St. Albert		3	13	16	6		38
St. Paul		1	0	3	2		6
Wainwright		16	3	3	3		25
Total	#	268	425	540	476	21	1,730
	%	15.5	24.6	31.2	27.5	1.2	100.0

*Some centres have part time and full time children. This will account for the different totals.

Source: Questionnaire Survey.

TABLE 3

REASONS FOR USING P.S.S. DAY CARE, 1974/75*

Location	Single Parent Family										Two Parent Family										Total Single and Two Parent Families			
	Parent Working		Parent Training		Other		Total				Parent Working		Parent Training		Other		Total							
	Families	Children	Families	Children	Families	Children	Families		Children		Families	Children	Families	Children	Families	Children	Families		Children		Families		Children	
							#	%	#	%							#	%	#	%	#	%	#	%
Calgary	168	388	128	168	12	14	308	36.9	570	47.5	70	94	54	69	6	7	130	27.8	170	29.5	438	33.7	740	41.6
Edmonton	298	326	69	85	4	5	371	44.5	416	34.6	42	47	34	42	13	14	89	19.0	103	17.9	460	35.3	519	29.2
Banff	3	3					3	0.3	3	0.2	10	11					10	2.1	11	1.9	13	0.9	14	0.8
Camrose	13	15					13	1.6	15	1.2	28	35	2	2			30	6.4	37	6.4	43	3.3	52	2.9
Falher	3	6					3	0.3	6	0.5	15	20					15	3.2	20	3.5	18	1.4	26	1.5
Grande Prairie	15	17	1	1	1	1	17	2.0	19	1.6	10	12	1	2	1	1	12	2.6	15	2.6	29	2.2	34	1.9
Hythe	1	1					1	0.1	1	0.1	4	6	1	2	2	2	7	1.5	10	1.7	8	0.6	11	0.6
Lethbridge	5	7	2	5	1	1	8	1.0	13	1.1	7	8	1	1			8	1.7	9	1.6	16	1.2	22	1.2
Medicine Hat	46	80	11	11	1	1	58	7.0	92	7.7	74	88	5	6	3	4	82	17.5	98	17.0	140	10.8	190	10.7
Red Deer	14	18	14	21	5	5	33	4.0	44	3.7	12	13	13	19	4	4	29	6.2	36	6.2	62	4.8	80	4.5
Slave Lake	5	5					5	0.6	5	0.4	11	14			3	3	14	3.0	17	2.9	19	1.5	22	1.2
St. Albert	7	8	1	1			8	1.0	9	0.7	24	27	2	2			26	5.6	29	5.0	34	2.6	38	2.2
St. Paul	1	1					1	0.1	1	0.1	3	4					3	0.6	4	0.7	4	0.3	5	0.3
Wainwright	5	7					5	0.6	7	0.6	13	18					13	2.8	18	3.1	18	1.4	25	1.4
Total #	584	882	226	292	24	27	834		1,201		323	397	113	145	32	35	468		577		1,302		1,778	
%	70.0	73.4	27.1	24.3	2.9	2.3		100.0		100.0	69.0	68.8	24.2	25.1	6.8	6.1		100.0		100.0		100.0		100.0

*The figures include families and children who use day care on a part time and full time basis. This will account for the different totals.

Source: Questionnaire Survey

TABLE 4

FEES PAID BY FAMILIES USING P.S.S. DAY CARE IN ALBERTA, 1974/75

	Fee Paid By Families							Total	
	$10. or less	$11. to $21.	$21.01- $29.99	$30.00- $39.99	$40.00- $49.99	$50.00- $69.99	$70.00 or More	#	%
Calgary	52	188	32	41	50	50	25	438	33.3
Edmonton	294	23	25	16	20	26	56	460	35.0
Banff				1	1	3	8	13	.9
Camrose	8	4	3	1	1	4	22	43	3.3
Falher						17	1	18	1.4
Grande Prairie	19			1		3	8	31	2.4
Hythe	1	5	1		1	2		10	.7
Lethbridge			6	1	1		6	14	1.1
Medicine Hat	8	8	10	11	7	20	81	145	11.0
Red Deer			6	35	15	3	12	71	5.4
Slave Lake		8	2			2	7	19	1.5
St. Albert	7						23	30	2.3
St. Paul							4	4	.3
Wainwright				2	3		13	18	1.4
Total #	389	236	85	109	99	130	266	1,314	100.0
%	29.6	18.0	6.5	8.3	7.5	9.9	20.2	100.0	

Source: Questionnaire Survey.

TABLE 5

GROSS INCOME OF FAMILIES USING P.S.S. DAY CARES, 1974/75*

Location		Gross Income																Median Income	
		$300 or Less		$301 - $400		$401 - $500		$501 - $600		$601 - $700		$701 - $800		$801 - $900		Over $900		Total		Single	
		Single Parent	Two Parents	Single Parent	Two Parents	Single Parent	Two Parents	Single Parent	Two Parents	Single Parent	Two Parents	Single Parent	Two Parents	Single Parent	Two Parents	Single Parent	Two Parents	Single Parent	Two Parents	Single Parent	Two Parents
Calgary*																				$400	$644
Edmonton		34		72		137	14	85	14	31	15	12	13	13	10	2	42	386	111	$450	$750
Banff										2		1	2				8	3	10	$650	over $900
Camrose				4		5	1	3	1	1			1				27	13	30	$450	over $900
Falher								2						1			14	3	14	$550	over $900
Grande Prairie		2	1			4	1	6	1	4		1					12	17	15	$550	$850
Hythe				1			1				2		1		3		3	1	10	$350	$850
Lethbridge		1		4		2					1		1		2		3	7	7	$350	$850
Medicine Hat		7	2	9		14		12		9		4		2	10	1	76	58	88	$450	over $900
Red Deer		6	4	23	10	4	2		2						6		7	33	31	$350	$450
Slave Lake			1			3		2							1		12	5	14	$450	over $900
St. Albert						6		1								1	22	8	22	$450	over $900
St. Paul*																	13	5	13	$450	over $900
Wainwright				2		3															
Total	#	50	8	115	13	178	19	111	18	47	18	18	18	16	32	4	239	539	365	$450	$750
	%	9.3	2.2	21.3	3.6	33.0	5.2	20.6	4.9	8.7	4.9	3.3	4.9	3.0	8.8	.8	65.5	100.0	100.0		

*The statistics for Calgary and St. Paul were not available.

Source: Questionnaire Survey

PREVENTABLE MORTALITY: ANALYSIS OF POTENTIAL EFFECTS

Ashraf K. Kayani, Barbara Juchli and Janice Runyan*

Mortality has always been of major concern to humanity. Almost all individuals in every society approve of attempts to enhance chances for human survival. Social scientists and others concerned have devoted much attention to the study of the determinants and consequences of mortality. With the recent declines in overall mortality around the world, there is a growing interest among social and health scientists to study cause-specific mortality.

In industrialized nations, mortality has reached a very low level in the recent past and it continues to be low at present. However, there are sex and age differentials in mortality rates. It has been observed that females on the average always live longer than males, and that younger and middle age-groups for both sexes have shown relatively larger decreases in mortality than older age groups. The major reasons, besides biological ones, for age-differentials in mortality rates are the control of infectious, parasitic and respiratory diseases in younger and middle age-groups and the intractable nature of cancer and cardiovascular diseases in older age-groups (George and Gnanasekeran, 1972; p.8).

The present low mortality level in developed countries in general and Canada in particular should not necessarily be viewed as the lowest which can be attained. Epidemiological studies have shown that with the

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medical technology now available, it is possible to experience further reduction in mortality in countries already enjoying very low mortality levels.

Attempts have been made, in a number of studies, to show the effects of eliminating certain causes of death on life expectancy.[1] The assumptions of complete elimination of certain causes of death in these studies are unreal and hypothetical. With the exception of smallpox, complete eradication of any disease on earth is not yet conceivable. A relatively more realistic approach is the examination of cause-specific mortality which can be avoided if relevant preventive measures are adopted.

In a recent paper, Smith (1974) has made use of contemporary epidemiological studies in determining the extent to which deaths due to certain causes can be prevented. His estimates of preventability of deaths by cause are based on the current state of medical technology, as well as research from existing literature on preventive medicine. The logic and rationale for these estimates are discussed in detail by Smith and need not be discussed here. By using the estimates of preventable deaths, Smith has demonstrated the economic advantages of avoiding preventable deaths for persons of working age.

The present paper, primarily an extension of Smith's study, aims at analysing the effects of eliminating preventable deaths due to selected causes on death rates, average life expectancy, age distributions, and mortality curves. The paper also examines the gap between the life expectancies of the two sexes for Canada and the provinces.

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[1] Romeder and McWinnie, 1974; Preston, Keyfitz and Schoen, 1972; and Silins and Zayachkowski, 1968.

DATA AND METHODOLOGY

Age-sex specific mortality data by cause of death for Canada, the 10 provinces and two territories for the three year period 1970-72, were obtained from Vital Statistics section of Statistics Canada. The three year statistics were averaged to eliminate the yearly fluctuations.

Certain causes were selected for the study because of a preventability factor (deaths due to communicable diseases were excluded because these were regarded as the hard core of unpreventable deaths which defied the efforts of an active control program). The causes of death selected were eight types of cancer, four of other chronic disease and two of trauma (see Table 1 for a list of the 14 causes of death). By applying the preventability factors for the selected causes of death from Smith's study, the number of preventable and non-preventable deaths was estimated. The estimated proportions of preventable mortality by age, sex and cause are given in Table 1.

On the basis of Table 1, age/sex specific death rates for all deaths as well as for non-preventable deaths were computed for each of the 13 areas (Canada, 10 provinces, and two territories) using 1971 census population as the base. Using the method of direct standardization, with Canada as the standard population, the adjusted death rates for all areas were then calculated.

Two sets of life tables[2] for each sex and each area constructed by means of the Barclay method (Barclay, 1966) were:

a) life table based on all deaths or actual life tables and

b) life tables based on the non-preventable deaths only.

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[2] A life table is a scheme which expresses the facts of mortality in terms of probabilities.

Further calculations and the methodological approaches are discussed in the analysis section of the paper.

ANALYSIS

To illustrate the general mortality situation, Table 2 gives the standardized death rates and the average expectation of life at birth for Canada, the provinces and territories. The Northwest Territories, Yukon, Quebec and Nova Scotia have death rates considerably higher than the national death rate for males; Ontario, New Brunswick and Newfoundland have mortality rates slightly above the national rate; while the western provinces of Manitoba, Saskatchewan, Alberta and British Columbia have rates lower than the national rate. Among the eastern provinces, only Prince Edward Island has experienced male mortality lower than that for Canada. However the death rate for males in Prince Edward Island remains higher than that for the western provinces.

The examination of male life expectancy at birth reveals a different rank order of the provinces/territories than is observed for death rates, particularly in the eastern provinces. For example, Newfoundland and Ontario have better than average life expectancies at birth for males than Canada as a whole. Further, except for the Northwest Territories and Yukon, Quebec has the highest male death rate and the lowest male life expectancy at birth.

For females, the death rates for Prince Edward Island, Ontario, Manitoba, Saskatchewan, Alberta and British Columbia are lower than the national female death rate. On the other hand, the rest of the provinces and the two territories have female death rates higher than is observed for Canada. In contrast to the situation for males, the rank orders of

the average life expectancies at birth and of the death rates for females correspond closely.

For each of the 14 selected causes of death, the standardized death rates by cause and sex for Canada and the provinces are given in Tables 3 and 4. These tables demonstrate that there is considerable variation by area in terms of the magnitude of cause-specific mortality. For example, a province or a territory may have a relatively high death rate for one cause and relatively low death rate for another. There are also differences in magnitude of cause-specific mortality by sex in each area. It is evident that the rank order of areas for cause-specific male mortality is different from that for females. For example, males in the Yukon, Alberta and Northwest Territories have higher death rates for leukaemia than other provinces while higher female death rates for leukaemia are found in British Columbia, Saskatchewan and Manitoba. For in-depth comparisons, Tables 2 and 3 can be examined.

From Tables 3 and 4 it may be noted that the three prairie provinces and Prince Edward Island have generally low death rates for all causes but cancer of the larynx, leukaemia and cancer of the oesophagus. These provinces have high death rates for one of these causes for one sex only when compared with other areas. With the exception of the two territories, Quebec shows the highest death rates for most of the selected causes while Ontario has high death rates for most of the cancers, ischaemic heart disease and cirrhosis of the liver. British Columbia shows high death rates for traffic accidents, suicide, bronchitis, emphysema, and asthma in males, and for cancers of the buccal cavity, pharynx, larynx, trachea, bronchus and lung, leukaemia, cirrhosis of the liver, and traffic accidents in females. Newfoundland, New Brunswick and the two territories

have high death rates for some of the causes and low death rates for the others. Nova Scotia males have high death rates for ischaemic heart disease and cerebrovascular disease, while females have high death rates for cancers of the larynx and cervix uteri, and for cerebrovascular disease.

PREVENTABLE MORTALITY AND LIFE EXPECTANCY

The objective of describing standardized death rates for each of the 14 selected causes of death (Tables 3 and 4) for the provinces and the territories in terms of their relative standing is to emphasize that the impact of preventable mortality depends upon the prevalence of a selected cause of death in a particular area. If prevention programs are employed to combat a cause, then areas with high mortality due to that cause would benefit more than areas with low mortality. For example, if all preventable deaths were prevented, then the province of Quebec on the whole would gain more than any other province because the death rates for almost all of the selected causes of death are high for Quebec in comparison with the other areas.

Table 5 shows the age-adjusted death rates and average life expectancy (e_o) at birth for non-preventable deaths (excluding preventable deaths due to the selected causes) for males and females by area. It is interesting to note that the rank order of the areas for non-preventable deaths does not differ from the death rates in Table 2. However, the average life expectancies for males for non-preventable deaths by area differs in rank order from the life expectancies for all deaths (in Table 2), particularly for the eastern provinces. For example, the e_o values for the non-preventable deaths as well as the e_o values for all deaths, shows that among the eastern provinces, only Ontario has a better e_o

value than Canada. Aside from the province of Ontario, e_o values for all deaths in the eastern provinces rank as follows: Newfoundland, Prince Edward Island, New Brunswick, Nova Scotia and Quebec. The rank order of the e_o values for non-preventable deaths is: Prince Edward Island, New Brunswick, Newfoundland, Nova Scotia and Quebec. For females, the average life expectancies at birth for non-preventable deaths on Ontario and the four western provinces are higher than that for Canada. The provincial rankings of e_o's for non-preventable deaths and for all deaths are similar. In other words, preventable mortality for selected causes of death has a minimal effect on the rank order of the areas which is derived from the total mortality experience.

Another important question to consider is how much gain the nation, the provinces and the territories can expect if all preventable deaths due to the selected causes are prevented. Based on Tables 2 and 5, Table 6 is constructed to show the overall gains in average life expectancy and the gains in years of life per prevented death for both sexes, by area. It is evident that the overall gains (due to prevention of all deaths) in average life expectancy at birth range from 2.07 years to 3.16 years for males, and 1.23 years to 1.59 years for females. The range for females is narrower than that for males because females have already attained a much higher life expectancy than males. Therefore, the effect of prevention would be greater for males than for females. The gains in male life expectancy associated with the prevention of preventable deaths from selected causes are minimal for the Northwest Territories, Newfoundland and Yukon, but maximal for Quebec, Ontario and British Columbia. Since Ontario, Quebec and British Columbia are the three most populous provinces in Canada, they have a great impact on national averages. Therefore, the

gain in life expectancy for Canada is higher than for most of the provinces.

In discussing the overall gain in the average life expectancy for each area, the assumption was that all the preventable deaths due to the selected causes would indeed be prevented. Such an assumption is a long way from being realized, since ideal prevention programs for all of the selected causes are yet to be developed. This assumption can be further relaxed (and hence made more realistic) by looking at the average gain in years of life per prevented death.

The second half of Table 6 shows the gain in years per prevented death for each sex separately.[3] It appears that one gets a different rank order of the areas in terms of relative gains per prevented death by area from the overall gain in e_o. While the overall gain in life expectancy is lowest for the Yukon and the Northwest Territories, these areas rank highest in gain per prevented death. There would be a saving of 23.87 years per prevented death for Yukon males, while that for males of the Northwest Territories would be 23.65 years. For females in the Yukon and Northwest Territories, the savings in years of life would be 36.55 and 27.63 years per prevented death, respectively. Among the provinces, Quebec and Alberta would benefit more from the prevention of a death due to preventable causes than any of the other provinces. For Quebec and Alberta, the gains in years of life per prevented death for males are 20.59 and 20.60 years respectively, while those for females are 22.67 and 22.07 years respectively.

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[3] The gain per prevented death is computed by multiplying the number of preventable deaths at age x by average life expectancy at age x for non-preventable deaths only, adding the gains for all ages and dividing by the total number of preventable deaths.

The discrepancy in the rank order of provinces/areas between gains in overall life expectancy for all preventable deaths and gains in years of life per prevented death obviously demands an explanation. There are two statistical reasons for such a discrepancy. First, the differences are due to the different age-distributions and/or mortality distributions. Secondly, the provinces/areas differ in their leading causes of death. It appears that both of these explanations are valid. For example, areas like the Northwest Territories and Yukon are young in their age distributions. Our subjective selection of the preventable causes and the related computations has a built in bias for the overall gain in e_o. Since the two territories have young populations, the prevention of deaths which occur mainly in the older age groups have very little effect on life expectancy. On the other hand, the gain for these two territories in years per prevented death is higher than for other areas because it is the young age groups that would benefit from the preventive measures.

An examination of the age-specific death rates for both sexes suggests that for certain causes of death most areas have a negligible mortality. For example, deaths due to cancer of the buccal cavity and pharynx are almost absent under age 40 except in Ontario and Quebec. It is highly probable that the prevention of deaths due to this cause would not benefit any areas but Ontario and Quebec. The examples cited above suggest that the overall gain in the average life expectancy and the gain in years of life per prevented death depend upon the age-distribution and also upon mortality curves.

EFFECTS ON AGE DISTRIBUTIONS AND MORTALITY CURVES

The negligible effect of preventable mortality implies that the

age-distribution and the mortality curves for the provinces and territories would not change drastically if preventable deaths did not occur. To illustrate this point further, Figure 1 shows age specific death rates by sex for Canada, 1970-72. It is evident from Figure 1 that the mortality curve for each sex would not alter very much if all preventable deaths were prevented. The curves for non-preventable death rates would retain the usual U-shape. However, the right leg of the U-shape would be relatively flattened, since most of the preventable deaths would fall into the older age groups. On the other hand, the age distributions would not be greatly affected because of the numerator (in calculating the proportionate distribution) would not be much different in size from that for all deaths.

GAPS BETWEEN THE SEXES

In countries where mortality differentials are well-established, there is a wide gap between the average expectation of life at birth for males and the average for females. Females live longer than males. To explain the longer expectation of life for females, various social and biological factors have been cited in a number of other studies. In Canada and the provinces, the gap between the sexes in life expectancies for 1970-72 varies from 6.01 years for the Northwest Territories to 9.35 years for the Yukon (Table 7). The larger gaps between the sexes, excepting the Yukon, are found in Prince Edward Island, Nova Scotia, New Brunswick, Ontario and Saskatchewan; and relatively small gaps between the life expectancies of males and females are found, excepting the Northwest Territories, Newfoundland, Manitoba, Quebec and Alberta.

In looking at the effect of the elimination of preventable deaths

from selected causes on the gap between the sexes, Table 7 suggests that the gap would be considerably narrowed. The maximum gap between the sexes would still occur in the Yukon (7.9 years), followed by Prince Edward Island and Nova Scotia (6.49 and 6.16 years respectively). The rest of the areas in Canada would have a gap in the range of 5.04 years for Newfoundland to 5.70 years for Alberta.

CONCLUSION

This article evaluates the effects of eliminating preventable deaths due to selected causes. It has been observed that the prevention of preventable deaths would not drastically change age distributions and the mortality curves. The amount of rise in life expectancy depends on the age distribution of the preventable deaths: if deaths at young ages are prevented, there will be relatively more gains than otherwise. It has been demonstrated that with the prevention of preventable mortality, the existing gap between the average life expectancies of males and females would be narrowed.

In terms of the implications of preventable mortality for the province of Alberta, a little change can be expected. Traditionally, Alberta has enjoyed one of the lowest death rates among the provinces (second only to Saskatchewan) and Alberta would continue to hold that rank if the prevention programs are employed successfully.

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TABLE 2 - STANDARDIZED DEATH RATE AND AVERAGE LIFE EXPECTANCY FOR CANADA AND PROVINCES, 1970-72

	Males		Females	
	Death Rate Per 100,000	Life Expectancy at Birth (e_o)	Death Rate Per 100,000	Life Expectancy at Birth (e_o)
Canada	856.41	69.36	613.39	76.51
Newfoundland	858.37	69.40	661.24	75.63
Prince Edward Island	832.86	69.32	566.34	77.43
Nova Scotia	897.51	68.60	626.13	76.26
New Brunswick	859.31	69.13	617.75	76.44
Quebec	927.59	68.30	679.77	75.30
Ontario	864.59	69.59	603.03	76.86
Manitoba	801.21	70.20	577.79	77.17
Saskatchewan	745.80	70.82	534.88	78.01
Alberta	778.39	70.43	560.31	77.57
British Columbia	806.25	69.86	578.91	77.07
Yukon	1117.35	64.20	735.66	73.55
North West Territories	1280.56	60.35	1344.21	66.36

TABLE 1 - ESTIMATED PERCENTAGE PREVENTABILITY OF DEATHS FOR SELECTED CAUSES

Intermediate List Rubric	Cause of Death	Estimated Percentage Preventability Male	Female
A 45	Cancer of buccal cavity and pharynx	57.2% from age 25	45.1% from age 25
A 46	Cancer of oesophagus	57.2% from age 25	45.1% from age 25
A 47	Cancer of stomach	30.7% from age 25	21.4% from age 25
A 50	Cancer of larynx	57.2% from age 25	45.1% from age 25
A 51	Cancer of trachea, bronchus and lung	87.7% from age 25	81.5% from age 25
A 55	Cancer of cervix uteri	-	62.6%
A 58G	Cancer of bladder	32.3% from age 25	22.7% from age 25
A 59	Leukaemia	← 7.0% for age <10 →	
A 83	Ischaemic heart disease	23.6%	15.9%
A 85	Cerebrovascular disease	14.0%	13.1%
A 93	Bronchitis, emphysema and asthma	79.9%	70.9%
A 102	Cirrhosis of liver	58.1% from age 20	20.0% from age 20
AE 138A	Traffic accidents	← 46.3% →	
AE 147	Suicide	← 21.4% →	

Source: Smith, E.S.O. 1974, "Preventable Mortality: The Price of Neglect", Paper Presented at the Annual Meeting of Canadian Public Health Association.

TABLE 3

STANDARDIZED MALE DEATH RATES FOR SELECTED CAUSES OF DEATH BY AREA, 1970-1972

Intermediate List Rubric	Cause of Death	PROVINCE OR TERRITORY											
		NFLD	PEI	NS	NEWBR	QUEB	ONT	MAN	SASK	ALTA	BC	YUKON	NWT
A45	Cancer of buccal cavity and pharynx	3.86	3.15	3.92	3.95	7.37	4.38	2.74	2.49	3.04	2.61	3.86	11.36
A46	Cancer of oesophagus	5.26	0.92	2.90	2.16	4.08	3.79	3.26	2.92	2.63	3.04	0.0	0.0
A47	Cancer of stomach	33.66	12.95	15.50	17.14	19.39	12.95	14.87	12.59	14.18	12.65	11.31	5.82
A50	Cancer of larynx	2.02	1.44	1.77	1.20	3.70	2.07	2.32	1.21	1.41	1.42	0.0	0.0
A51	Cancer of trachea, bronchus and lung	33.78	33.86	37.63	35.03	47.73	43.94	39.59	31.15	32.32	43.24	60.36	54.05
A55	Cancer of cervix uteri	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A58G	Cancer of bladder	4.80	5.04	5.44	4.33	7.50	6.43	5.33	5.83	4.29	4.37	16.45	0.0
A59	Leukaemia	4.54	5.89	7.60	7.17	7.51	7.07	8.41	5.74	10.31	7.41	22.30	10.13
A83	Ischaemic heart disease	251.84	277.11	299.27	291.64	292.34	313.54	247.95	214.17	225.42	248.94	221.96	170.60
A85	Cerebrovascular disease	106.85	76.20	80.47	70.84	75.66	73.84	63.38	59.99	61.29	61.61	25.82	85.11
A93	Bronchitis, emphysema and asthma	12.16	19.00	23.42	21.28	29.93	25.37	21.39	20.54	22.34	25.87	17.65	47.58
A102	Cirrhosis of liver	5.21	7.18	8.38	9.25	14.02	13.83	10.31	6.54	9.05	13.22	14.31	11.48
A138	Traffic accidents	24.95	47.45	44.08	49.77	46.58	32.54	26.18	36.04	39.02	89.56	61.50	27.90
A147	Suicide	7.19	17.82	16.88	11.15	14.10	17.56	19.37	18.84	19.71	20.58	72.00	29.07

TABLE 4

STANDARDIZED FEMALES DEATH RATES FOR SELECTED CAUSES OF DEATH BY AREA, 1970-72

Intermediate List Rubric	Cause of Death	PROVINCE OR TERRITORY											
		NFLD	PEI	NS	NEWBR	QUEB	ONT	MAN	SASK	ALTA	BC	YUKON	NWT
A45	Cancer of buccal cavity and pharynx	0.98	0.40	1.44	1.10	1.73	1.68	0.82	1.26	1.10	1.80	0.0	3.36
A46	Cancer of oesophagus	2.71	2.78	0.91	1.11	1.31	1.59	1.23	1.07	1.00	1.79	0.0	19.98
A47	Cancer of stomach	16.36	9.93	10.89	8.20	11.63	7.26	8.08	7.50	7.86	7.14	11.79	0.0
A50	Cancer of larynx	0.50	0.31	0.47	0.10	0.71	0.26	0.11	0.13	0.10	0.33	0.0	0.0
A51	Cancer of trachea, bronchus andlung	4.15	4.53	6.83	5.08	7.77	7.99	7.83	6.03	7.89	9.51	4.32	37.06
A55	Cancer of cervix uteri	8.37	5.14	8.89	8.27	6.43	5.48	4.52	4.12	5.35	5.23	0.0	12.75
A58G	Cancer of bladder	1.29	3.03	2.32	1.55	2.25	2.22	2.59	1.49	1.39	2.34	0.0	0.0
A59	Leukaemia	3.61	5.07	5.38	4.77	4.91	5.09	5.43	5.51	5.18	5.83	0.0	0.0
A83	Ischaemic Heart disease	159.29	156.82	172.21	177.70	186.75	192.72	145.88	129.97	132.36	160.24	30.66	86.53
A85	Cerebrovascular disease	112.12	78.23	87.81	85.79	80.26	77.19	73.71	66.54	72.52	77.39	80.61	113.48
A93	Bronchitis, emphysema and asthma	5.37	4.86	6.01	6.52	8.31	5.61	7.13	6.47	6.10	7.21	24.44	45.32
A102	Cirrhosis of liver	3.72	4.72	3.90	3.46	5.91	6.75	4.76	3.58	5.52	8.45	0.0	0.0
A138	Traffic accidents	12.42	15.23	14.66	15.56	17.51	11.78	9.20	12.98	14.34	15.47	26.61	13.18
A147	Suicide	1.50	0.70	3.24	3.38	4.71	7.87	6.22	4.80	5.63	10.40	27.53	8.52

TABLE 5 - STANDARDIZED DEATH RATES AND AVERAGE LIFE EXPECTANCY FOR NON-PREVENTABLE DEATHS ONLY FOR CANADA AND PROVINCES, 1970-72

	Males		Females	
	Death Rate Per 100,000	e_o	Death Rate Per 100,000	e_o
Canada	681.53	72.40	547.17	77.95
Newfoundland	710.26	71.85	596.26	76.89
Prince Edward Island	673.31	72.29	508.29	78.78
Nova Scotia	723.74	71.52	559.43	77.68
New Brunswick	691.23	72.14	552.60	77.85
Quebec	732.53	71.45	608.32	76.68
Ontario	682.73	72.64	535.74	78.32
Manitoba	648.70	72.98	520.80	78.48
Saskatchewan	609.07	73.59	482.31	79.34
Alberta	633.11	73.23	504.14	78.93
British Columbia	640.30	73.02	512.18	78.66
Yukon	930.89	66.88	678.74	74.78
North West Territories	1109.30	62.42	1227.79	67.87

TABLE 6 GAIN IN AVERAGE LIFE DUE TO PREVENTION BY SEX AND AREA

	Overall gain in eo if all preventable deaths are prevented (in years)		Average gain in years of life per prevented death (in years)	
	Males	Females	Males	Females
Canada	3.04	1.44	19.51	19.82
Newfoundland	2.45	1.26	19.00	20.70
Prince Edward Island	2.97	1.35	18.76	16.57
Nova Scotia	2.92	1.42	18.66	18.77
New Brunswick	3.01	1.41	20.38	20.20
Quebec	3.15	1.38	20.59	22.67
Ontario	3.05	1.46	18.76	18.75
Manitoba	2.78	1.31	17.91	18.10
Saskatchewan	2.77	1.33	18.56	19.82
Alberta	2.80	1.36	20.60	22.07
British Columbia	3.16	1.59	19.17	21.28
Yukon	2.68	1.23	23.87	36.55
Northwest Territories	2.07	1.51	23.65	27.63

FIGURE 1 AGE SPECIFIC DEATH RATES, CANADA, 1970-72

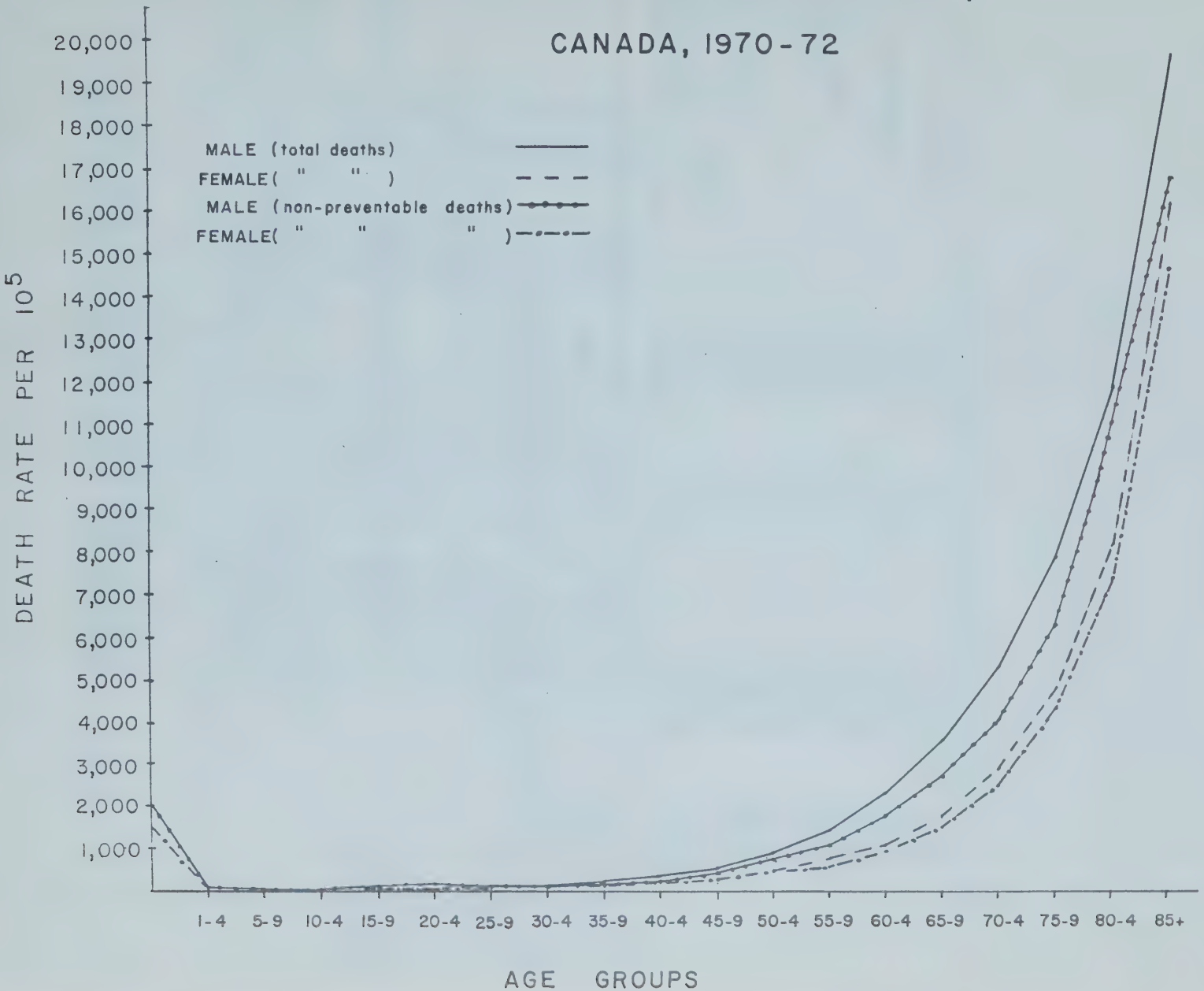

TABLE 7 - COMPARISON OF GAP BETWEEN SEXES IN EXPECTATION OF LIFE AT BIRTH FOR ALL DEATHS AND FOR ALL NON-PREVENTABLE DEATHS BY AREA, 1970-72

Area	All Deaths			Non-Preventable Deaths		
	Male e_o	Female e_o	Gap between sexes	Male e_o	Female e_o	Gap between sexes
Canada	69.36	76.51	7.15	72.40	77.95	5.55
North West Territories	60.35	66.36	6.01	62.42	67.87	5.45
Yukon	64.20	73.55	9.35	66.88	74.78	7.90
British Columbia	69.86	77.07	7.21	73.02	78.66	5.64
Alberta	70.43	77.57	7.14	73.23	78.93	5.70
Saskatchewan	70.82	78.01	7.19	73.59	79.34	5.75
Manitoba	70.20	77.17	6.97	72.98	78.48	5.50
Ontario	69.59	76.86	7.27	72.64	78.32	5.68
Quebec	68.30	75.30	7.00	71.45	76.68	5.23
New Brunswick	69.13	76.44	7.31	72.14	77.85	5.71
Nova Scotia	68.60	76.26	7.66	71.52	77.68	6.16
Prince Edward Island	69.32	77.43	8.11	72.29	78.78	6.49
Newfoundland	69.40	75.63	6.23	71.85	76.89	5.04

HIGHLIGHTS OF PUBLIC ASSISTANCE

Delaine McVey*

Table 1 presents the distribution of the public assistance caseload by reason for assistance for the quarter April - June 1975, compared to the previous quarter. Total caseload increased 2.1 per cent from an average 30,550 in the January - March quarter to an average 31,190 in the present quarter. Ranking of the various reasons for assistance remained unchanged, with persons with dependent children accounting for the largest proportion of the caseload (37.4 per cent). Persons 60 years of age or older constituted 21.2 per cent of total caseload, and persons receiving assistance due to physical ill health or disability comprised 18.4 per cent. These three reasons for assistance account for 77 per cent of the total caseload.

All categories of assistance showed percentage increases this quarter over the previous quarter. Age cases increased 2.5 per cent and persons with dependent children increased 2.3 per cent. Persons unsuited for employment rose 15.2 per cent and mental retardation cases rose 9.7 per cent. However, these latter two reasons for assistance are mainly the effects of changes in definitions of reasons for assistance.

Table 2 indicates the age and sex distribution of the caseload for the April - June 1975 quarter. The percentage of the total caseload comprised of males declined to 36.0 per cent this quarter. However, males increased 0.4 per cent in numbers to 11,228; female caseload increased 3.1 per cent to 19,962. The largest components of the male caseload are those aged 60 - 64 and 65+, constituting 29.0 per cent of all males and 10.5 per cent of total caseload. All female age groups, except those 45 - 49, experienced increases this quarter.

Table 3 indicates the distribution of public assistance cases among regional offices. Edmonton and Calgary regional offices accounted for 64.2 per cent of the total caseload this quarter. Although Calgary South and Edmonton West regional offices experienced decreases, caseload increased for total Calgary by 2.8 per cent and for total Edmonton 2.4 per cent. The largest percentage increases were those for Grande Cache (49.0 per cent), Calgary Southwest (13.2 per cent), Slave Lake (12.2 per cent) and Brooks (12.1 per cent). Eleven regional

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offices had caseload decreases this quarter, the largest of which were Bonnyville's 6.6 per cent, Wainwright's 4.6 per cent, and Rocky Mountain House's 4.1 per cent. Medicine Hat, St. Paul, and Hanna had no caseload changes from the previous quarter.

The distribution of average caseload by employment status and reason for assistance is presented in Table 4 for the April - June 1975 quarter. The total number of persons in the labor force increased 2.6 per cent from 7,634 to 7,836. Employables available for full-time work declined 1.7 per cent to 2,131. Employables who were employed and awaiting pay increased 11.3 per cent to 612. Persons with dependent children working part-time increased 9.7 per cent; those fully employed also increased. The number of persons receiving assistance and not in the labor force increased 3.5 per cent this quarter to 23,123. Persons unavailable for work due to pregnancy increased 16.6 per cent; persons required to care for children increased 4.0 per cent; persons with illnesses of 90 days or more increased 3.1 per cent this quarter. In summary, the number of persons not in the labor force and on assistance has increased. The number of persons in the labor force who are employed has also increased. There was a decrease in the number of unemployed employable persons available for employment.

TABLE 2 AGE-SEX DISTRIBUTION OF PUBLIC ASSISTANCE CASELOAD, ALBERTA, APRIL - JUNE 1975

Age Group	Males		Females		Both Sexes	
	#	%	#	%	#	%
0 - 19	684	2.19	1599	5.13	2283	7.32
20 - 24	1113	3.57	2752	8.82	3865	12.39
25 - 29	990	3.17	2614	8.38	3604	11.55
30 - 34	794	2.54	2042	6.55	2836	9.09
35 - 39	746	2.39	1782	5.72	2528	8.11
40 - 44	820	2.63	1599	5.13	2419	7.76
45 - 49	909	2.92	1387	4.44	2296	7.36
50 - 54	861	2.76	1399	4.49	2260	7.25
55 - 59	1050	3.37	1449	4.64	2499	8.01
60 - 64	1662	5.33	1916	6.14	3578	11.47
65 +	1599	5.13	1423	4.56	3022	9.69
TOTAL	11228	36.00	19962	64.00	31190	100.00

TABLE 1 DISTRIBUTION OF PUBLIC ASSISTANCE CASELOAD BY REASON FOR ASSISTANCE, ALBERTA, APRIL - JUNE 1975

Reason for Assistance	Quarterly Average January - March 1975		April	May	June	Quarterly Average April - June 1975		Percentage Change Between Quarters
	#	%				#	%	
Age 60 +	6440	21.08	6556	6617	6627	6600	21.16	2.48
Physical Ill Health/Disability	5670	18.56	5771	5726	5747	5748	18.43	1.38
Mental Ill Health	2043	6.69	2054	2052	2037	2048	6.57	0.24
Mental Retardation	496	1.62	518	548	567	544	1.74	9.68
Unsuited for Employment	401	1.31	446	463	477	462	1.48	15.21
Person with Dependent Children	11396	37.30	11612	11620	11724	11652	37.36	2.25
Employable	4104	13.44	4294	4172	3941	4136	13.26	0.78
TOTAL	30550	100.00	31251	31198	31120	31190	100.00	2.09
Increase Rate over Previous Month			1.25	-0.17	-0.25			
Increase Rate over Previous Quarter		5.60				2.09		

TABLE 3 REGIONAL DISTRIBUTION AND CHANGE IN PUBLIC ASSISTANCE CASELOAD, ALBERTA, APRIL - JUNE 1975

Regional Office	Quarterly Average January - March 1975		Quarterly Average April - June 1975		Rate of Change over last Quarter	Rank Order	
	#	%	#	%	%	Last Quarter	This Quarter
Edmonton North	4988	16.33	5128	16.44	2.81	1	1
Calgary South	3438	11.25	3344	10.72	-2.74	2	2
Calgary South West	2351	7.70	2661	8.53	13.18	5	3
Calgary North	2533	8.29	2548	8.17	0.59	3	4
Edmonton West	2510	8.22	2495	8.00	-0.60	4	5
Edmonton South	2134	6.98	2203	7.07	3.23	6	6
Edmonton West 10	1565	5.12	1643	5.27	4.98	7	7
Lethbridge	1536	5.03	1620	5.19	5.46	8	8
Grande Prairie	1025	3.35	1041	3.34	1.56	9	9
Red Deer	839	2.75	827	2.65	-1.44	10	10
Wetaskiwin	743	2.43	733	2.35	-1.35	11	11
Medicine Hat	588	1.92	588	1.89	--	12	12
High Prairie	489	1.60	490	1.57	0.20	13	13
Lac La Biche	438	1.43	430	1.38	-1.83	14	14
Barrhead	404	1.32	397	1.27	-1.74	15	15
Slave Lake	327	1.07	367	1.18	12.23	19	16
Vegreville	358	1.17	365	1.17	1.95	17	17
Peace River	360	1.18	352	1.13	-2.23	16	18
Edson	317	1.04	331	1.06	4.41	21	19
St. Paul	319	1.04	319	1.02	--	20	20
Bonnyville	334	1.09	312	1.00	-6.59	18	21
Drumheller	300	0.98	298	0.95	-0.67	22	22
Vermilion	266	0.87	267	0.86	0.37	23	23
Camrose	244	0.80	252	0.81	3.27	25	24
Smoky Lake	251	0.82	250	0.80	-0.40	24	25
Blairmore	220	0.72	218	0.70	0.91	26	26
Athabasca	207	0.68	209	0.67	0.96	27	27
High Level	193	0.63	200	0.64	3.62	30	28
Fort McMurray	196	0.64	194	0.62	-1.03	28	29
Wainwright	195	0.64	186	0.60	4.62	29	30
Rocky Mountain House	173	0.57	166	0.53	-4.05	31	31
Whitecourt	153	0.50	163	0.52	6.53	34	32
Stettler	164	0.54	161	0.52	-1.83	32	33
Olds	155	0.51	156	0.50	0.64	33	34
Brooks	116	0.38	130	0.42	12.06	35	35
Hanna	73	0.25	73	0.23	--	36	37
Grande Cache	49	0.16	73	0.23	48.97	37	37
TOTAL	30550	100.00	31190	100.00	2.09		

*For comparability to Tables 1 and 2, Guardian Social Allowance cases have been excluded. This table indicates the net social allowance and health/medical caseload.

TABLE 4 PUBLIC ASSISTANCE CASES BY EMPLOYMENT STATUS AND REASON FOR ASSISTANCE, AVERAGES FOR APRIL - JUNE 1975

Employment Status	REASON FOR ASSISTANCE															
	Aged		Persons with Dependent Children		Physical Illness or Disability		Mental Illness		Mental Retardation		Employable		Unsuitable for Employment		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
IN THE LABOUR FORCE																
Employed or in Training:																
Employed and awaiting pay	4	0.06	75	0.65	8	0.14	6	0.30	1	0.18	612	14.95			706	2.28
Fully employed	20	0.31	526	4.54	33	0.58	38	1.88	22	4.05	275	6.72			914	2.95
Part-time - not seeking full-time	138	2.10	599	5.18	138	2.42	218	10.81	52	9.58	138	3.37			1283	4.14
Self-employment	35	0.53	21	0.18	37	0.65	4	0.20			89	2.18			186	0.60
Attending school up to and including Grade 12	1	0.02	124	1.07	22	0.38	14	0.69	6	1.11	476	11.63			643	2.08
Attending technical or vocational training	1	0.02	348	3.01	34	0.59	13	0.65			116	2.83			512	1.65
Attending post secondary education			109	0.94	8	0.14					9	0.22			126	0.41
SUBTOTAL	199	3.04	1802	15.57	280	4.90	293	14.53	81	14.92	1715	41.90			4370	14.11
Available for Work:																
Available for full-time work	32	0.49	487	4.21	51	0.89	15	0.74	4	0.74	2131	52.07			2720	8.79
Available for part-time work	11	0.17	173	1.49	24	0.42	7	0.35	1	0.18	51	1.25			267	0.86
Available for sheltered work			8	0.07	47	0.82	82	4.06	67	12.34					204	0.66
Working part-time; seeking or encouraged to seek full-time	5	0.07	114	0.98	14	0.25	6	0.30	2	0.37	134	3.27			275	0.89
SUBTOTAL	48	0.73	782	6.75	136	2.38	110	5.45	74	13.63	2316	56.59			3466	11.20
TOTAL IN THE LABOUR FORCE	247	3.77	2584	22.32	416	7.28	403	19.98	155	28.55	4031	98.49			7836	25.31
NOT IN THE LABOUR FORCE																
Unavailable for Work Due to Illness or Age:																
Illness up to 90 days	22	0.34	72	0.62	691	12.10	83	4.11	2	0.37					870	2.81
Illness 90 days or over	543	8.28	230	1.99	3949	69.12	1004	49.78	227	41.80					5953	19.23
Age	5538	84.47													5538	17.89
SUBTOTAL	6103	93.09	302	2.61	4640	81.22	1087	53.89	229	42.17					12361	39.93
Unavailable to Work Due to Other Reasons:																
Required to care for children	44	0.67	8594	74.26											8638	27.90
Expecting a child	4	0.06	30	0.26	220	3.85	1	0.05	1	0.18	53	1.29			309	1.00
In jail less than 90 days											9	0.22			9	0.03
SUBTOTAL	48	0.73	8624	74.51	220	3.85	1	0.05	1	0.18	62	1.51			8956	28.93
Unsuitable for Employment	158	2.41	65	0.56	437	7.65	526	26.08	158	29.10			462	100.00	1806	5.83
TOTAL NOT IN THE LABOUR FORCE	6309	96.23	8991	77.68	5297	92.72	1614	80.02	388	71.45	62	1.51	462	100.00	23123	74.69
TOTAL	6556	100.00	11575	100.00	5713	100.00	2017	100.00	543	100.00	4093	100.00	462	100.00	30959	100.00
Missing data	44		77		35		31		2		43		--		231	
Total Caseload	6600		11652		5748		2048		545		4136		462		31190	

HIGHLIGHTS OF CHILD WELFARE STATISTICS

Janice Runyan*

The Quarterly Statistical Review resumes presentation of highlights of child welfare statistics, after a five month interruption in the operation of the child welfare statistical system. During the interval, the basic table programs were modified to provide more accurate and relevant information. This article describes statistical data for the months of April and June, 1975. No statistics were available for the month of May.

Table 1 presents the distribution of ward types in the child welfare caseload. In all, there were 9345 cases per month at this time. Temporary and permanent Child Welfare Act (C.W.A.) wards each made up almost one-quarter of the caseload (24 per cent and 22 per cent). Children placed with a view to adoption comprised six per cent of the caseload, as did temporary Juvenile Delinquency Act (J.D.A.) wards. Among non-wards, probation cases were predominate with 20 per cent of the total caseload, followed by Handicapped Children's Services cases (H.C.S.), 10.5 per cent, and custody-by-agreement cases (C.B.A.), 9.5 per cent.

Table 2 shows the age and sex of children in the caseload. Sixty-one per cent of children were male and 39 per cent were female. Males were considerably older than females. Thirty-eight per cent of male children were age 10 or younger as compared to 47 per cent for female children.

Table 3 displays the distribution of ward types by type of placement. Most frequently, children were placed in foster homes (41 per cent), followed by placement with parents (27 per cent), and placement view to adoption (5.4 per cent). C.W.A. temporary and permanent wards and out of province wards utilized foster homes to the greatest extent (68 - 80 per cent). Temporary J.D.A. wards, children involved in C.B.A. arrangements, probation cases, and children under H.C.S. agreements were to a large extent placed with their parents (30 - 71 per cent). Temporary J.D.A. wards were also placed in treatment or detention institutions (26 per cent); and children in C.B.A. arrangements were often placed in foster homes as well (35 per cent).

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Table 4 indicates age distribution by ward type. The average age for the total caseload was 10.9 years. Probation cases and temporary and permanent wards J.D.A. were relatively older (15 - 16 years on the average). Temporary and permanent wards C.W.A. as well as out of province wards were 8.9, 11.2, and 11.0 years respectively. Children under C.B.A. and H.C.S. had average ages of 10.1 and 9.5. As would be expected, children placed with a view to adoption were very young, averaging 1.7 years.

TABLE 1 DISTRIBUTION OF WARD TYPES IN CHILD WELFARE CASELOAD, ALBERTA, APRIL - JUNE, 1975*

Type of Ward	April	June	Quarterly Average #	Quarterly Average %
Wards:				
Temporary Ward C.W.A.	2175	2268	2222	23.8
Permanent Ward C.W.A.	2130	1981	2056	22.0
View to Adoption	578	566	572	6.1
Temporary Ward J.D.A.	532	549	540	5.8
Permanent Ward J.D.A.	10	8	9	0.1
Wards Subtotal	5425	5372	5399	57.8
Non-Wards:				
Custody by Agreement	1129	642	885	9.5
Out of Province Ward	238	179	208	2.2
Handicapped Children's Services	636	1337	987	10.5
Probation	2179	1553	1866	20.0
Non-Wards Subtotal	4182	3711	3946	42.2
Caseload Total	9607	9083	9345	100.0

*No statistics were available for the month of May, 1975 or for several months preceding April, 1975.

C.W.A. - Child Welfare Act
J.D.A. - Juvenile Delinquency Act

TABLE 2 AGE AND SEX OF CHILD WELFARE CASELOAD, ALBERTA
APRIL - JUNE, 1975*

Age	Male		Female		Both Sexes	
0	289	5.1	305	8.4	594	6.3
1	156	2.7	151	4.2	307	3.3
2	165	2.9	135	3.7	300	3.2
3	155	2.7	140	3.9	295	3.1
4	179	3.1	144	4.0	323	3.4
5	179	3.1	141	3.9	320	3.4
6	172	3.0	118	3.3	290	3.1
7	200	3.5	127	3.5	327	3.5
8	220	3.8	150	4.1	370	4.0
9	226	3.9	154	4.2	380	4.1
10	244	4.2	147	4.1	391	4.2
11	265	4.6	161	4.4	426	4.6
12	302	5.3	169	4.7	471	5.0
13	445	7.7	215	5.9	660	7.0
14	650	11.3	293	8.1	943	10.1
15	837	14.6	365	10.1	1202	12.8
16	611	10.6	357	9.8	968	10.3
17	350	6.1	258	7.1	608	6.5
Over 17	106	1.8	93	2.6	199	2.1
Total	5751	100.0	3623	100.0	9374	100.0
Percentage Distribution By Sex		61.4		38.6		100.0

(*No statistics were available for the month of May, 1975.)

TABLE 3 DISTRIBUTION OF WARD TYPES BY TYPE OF PLACEMENT, ALBERTA, APRIL - JUNE, 1975*

Type of Placement	Temporary Ward C.W.A.		Permanent Ward C.W.A.		View to Adoption		Temporary Ward J.D.A.		Permanent Ward J.D.A.		Custody by Agreement		Out of Province Ward		Probation		Handicapped Children's Services		Total	
Foster Home[a]	1500	67.7	1604	80.0	71	12.1	74	13.8	3	42.8	309	35.0	150	72.1	39	2.1	50	5.1	3800	40.9
Group Home	48	2.2	43	2.1	-	--	39	7.3	1	14.3	24	2.7	4	1.9	8	0.4	7	0.7	174	1.9
Institution:																				
Correctional	1	0.1	7	0.4	-	--	4	0.7	-	--	1	0.1	-	--	3	0.2	-	--	16	0.2
Receiving	98	4.4	77	3.8	-	--	16	3.0	-	--	69	7.8	1	0.5	9	0.5	16	1.6	286	3.1
Treatment or Detention	93	4.2	51	2.5	-	--	140	26.1	1	14.3	72	8.2	3	1.4	32	1.7	22	2.2	414	4.4
For Mentally Retarded	11	0.5	69	3.4	-	--	1	0.2	1	14.3	18	2.0	1	0.5	4	0.2	150	15.2	255	2.7
Other	18	0.8	40	2.0	2	0.3	9	1.7	-	--	18	2.0	3	1.4	1	0.1	23	2.3	114	1.2
View to Adoption																				
in Alberta	-	--	-	--	488	83.6	-	--	-	--	-	--	10	4.8	-	--	-	--	498	5.4
outside Alberta	-	--	-	--	22	3.8	-	--	-	--	-	--	1	0.5	-	--	-	--	23	0.2
Living with Non Relatives	-	--	1	0.1	-	--	1	0.2	-	--	-	--	-	--	2	0.1	-	--	4	0.1
Living with Parents	277	12.5	-	--	-	--	163	30.3	-	--	320	36.2	21	10.1	1329	71.3	427	43.3	2537	27.3
Living with Relatives	22	1.0	12	0.6	-	--	9	1.7	-	--	4	0.5	1	0.5	13	0.7	2	0.2	63	0.7
Living Independently	10	0.4	29	1.5	-	--	12	2.2	-	--	2	0.2	4	1.9	6	0.3	1	0.1	64	0.7
Child has Run Away	21	0.9	21	1.0	-	--	35	6.5	1	14.3	7	0.8	2	1.0	11	0.6	-	--	98	1.0
Unspecified	118	5.3	52	2.6	1	0.2	34	6.3	-	--	40	4.5	7	3.4	406	21.8	289	29.3	947	10.2
TOTAL	2217	100.0	2006	100.0	584	100.0	537	100.0	7	100.0	884	100.0	208	100.0	1863	100.0	987	100.0	9293	100.0

*No statistics wereavailable for the month of May, 1975.

[a]Foster home includes free home placement.

C.W.A. - Child Welfare Act
J.D.A. - Juvenile Delinquency Act

TABLE 4 DISTRIBUTION OF WARD TYPES BY AGE IN THE CHILD WELFARE CASELOAD, ALBERTA, APRIL - JUNE 1975*

Ward Type	0		1		2		3		4		5-7		8-9		10-11		12-13		14-15		16-17		Over 17		Total		Average Age
Temporary Ward C.W.A.	49	2.2	117	5.3	144	6.5	135	6.1	154	6.9	382	17.2	256	11.5	249	11.2	260	11.7	307	13.8	155	7.0	14	0.6	2222	100.0	8.85
Permanent Ward C.W.A.	142	6.9	37	1.8	31	1.5	37	1.8	36	1.7	168	8.2	259	12.6	280	13.6	310	15.1	366	17.8	351	17.1	40	1.9	2057	100.0	11.21
View to Adoption	338	59.2	78	13.7	49	8.6	23	4.0	21	3.7	38	6.7	14	2.4	7	1.2	3	0.5	--	--	--	--	--	--	571	100.0	1.70
Temporary Ward J.D.A.	--	--	--	--	--	--	--	--	--	--	--	--	1	0.2	6	1.1	74	13.8	298	55.5	151	28.1	7	1.3	537	100.0	15.27
Permanent Ward J.D.A.	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	3	33.3	6	66.7	--	--	9	100.0	16.33
Custody by Agreement	38	4.3	39	4.4	30	3.4	36	4.1	46	5.2	125	14.1	79	8.9	83	9.4	114	12.9	170	19.2	113	12.8	12	1.3	885	100.0	10.12
Out of Province Ward	4	1.9	8	3.8	9	4.3	10	4.8	4	1.9	20	9.6	22	10.6	32	15.4	22	10.6	32	15.4	39	18.8	6	2.9	208	100.0	10.97
Probation	--	--	--	--	--	--	--	--	--	--	--	--	1	0.1	19	1.0	223	12.0	846	45.4	658	35.4	114	6.1	1861	100.0	15.61
Handicapped Children's Services	19	1.9	27	2.7	34	3.4	51	5.2	62	6.3	196	19.9	115	11.6	138	14.0	119	12.1	119	12.1	101	10.2	6	0.6	987	100.0	9.52
TOTAL	590	6.3	306	3.3	297	3.2	292	3.1	323	3.5	929	10.0	747	8.0	814	8.7	1125	12.0	2141	22.9	1574	16.9	199	2.1	9337	100.0	10.89

*No statistics were available for the month of May, 1975.

C.W.A. - Child Welfare Act
J.D.A. - Juvenile Delinquency Act

HIGHLIGHTS OF NOTIFIABLE DISEASES*

Barbara Juchli**

Highlights of the notifiable disease cases for April to June 1975, as reported to the divisions of Local Health Services and Social Hygiene, are presented in the following text and tables. Table 1 shows the geographic distribution of the reported cases, Table 2 illustrates the age-sex distribution, and Tables 3 and 4 compare the number of cases and incidence rates of each disease with the previous five-year corresponding quarter's mean number of cases and rates.

The five most frequently reported notifiable diseases during the April-June quarter were:

rubella (German measles)	(2359 cases)
streptococcal sore throat and scarlet fever	(2339 cases)
gonorrhoea	(1580 cases)
measles	(1366 cases)
infectious hepatitis	(186 cases)

Despite decreases of rubella cases in Edmonton city and several health units, the total number of reported cases showed an overall increase of 54.2 per cent (from 1530 to 2359 cases). This was largely due to an increase of 738 cases in Calgary city. The 5-9 year age group had 37.9 per cent of the total cases, with the cases being equally divided between males and females. The number of cases and the incidence rate were approximately two and one-half times as great as those of the previous five-year mean caseload and incidence rate. The number of rubella cases are still in epidemic proportions in relation to the past three year trend.

The number of reported cases of streptococcal sore throat and scarlet fever decreased by 3.3 per cent over the preceding quarter. Noticeable increases which occurred in the city of Edmonton (213 to 323 cases) and in the health unit of Athabasca (115 to 231 cases) were offset by decreases which occurred in the cities of Red Deer (115 to 61 cases), Medicine Hat (93 to 42 cases), Grande Prairie (24 to 3 cases); in the health units of Chinook (55 to 27 cases) and North Eastern Alberta (39 to 20 cases); and on Indian reserves (124 to 33 cases). The total caseload was evenly

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* Tuberculosis is not included in this article.

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distributed between males and females. As in the previous quarter the 5-9 year age group had the largest concentration of cases (35.4 per cent). Both the number of cases and the incidence rate for this quarter were nearly four times the five year average number of cases and incidence rate for the corresponding quarter.

The caseload of reported gonorrhoea decreased 13.1 per cent from the previous quarter; male cases by 11.1 per cent and female cases by 16.9 per cent. The greatest percentage decrease (26.4 per cent) took place in the 20-24 year age group, however, this age group still had the largest percentage (32.3) of the total cases. Comparing the average number of cases and incidence rate for the past five years to this quarter's figures showed an 11.1 per cent increase in male reported cases, 16.9 per cent increase in female reported cases. The incidence rates for males and females were slightly higher (3.0 and 11.8 per cent respectively) this quarter over the five year figures.

Measles decreased 43.3 per cent from last quarter (2411 to 1366 cases). Significant decreases occurred in the city of Calgary (1325 to 959 cases) and in the health units of Barons Eureka (146 to 58 cases), Big Country (49 to 3 cases), Chinook (87 to 11 cases), Foothills (113 to 21 cases), and Mount View (282 to 19 cases). As in the previous quarter, the 5-9 year age group had the largest concentration of cases (46.4 per cent). Cases were evenly distributed between males and females. The number of cases and the incidence rate were approximately twice the preceding five year mean.

The infectious hepatitis caseload decreased 8.8 per cent from the previous quarter (204 to 186 cases). Increases in Edmonton city (36 cases) and Calgary city (20 cases) were outweighed by decreases in other cities, health units, and on Indian reservations (10 cases) and Northern Alberta Health Services (9 cases). The majority of cases, 68.8 per cent, occurred between the ages of 10 and 29 with the 15-19 year age group accounting for 20.4 per cent of the total caseload. Reported cases were 33.6 per cent lower than the five year mean caseload and the incidence rate was 37.7 per cent lower than the five year mean incidence rate.

TABLE 1 REPORTED CASES OF THE MORE FREQUENT NOTIFIABLE DISEASES (EXCLUDING VENEREAL DISEASES) BY CITY, HEALTH UNIT, OR OTHER JURISDICTION, ALBERTA, APRIL-JUNE 1975*

	Salmonellosis		Bacillary Dysentery	Diphtheria	Strept. Throat, Scarlet F.	Pertussis	Infect. Hepatitis	Serum Hepatitis	Measles	Rubella
	Food as vehicle	Food not mentioned								
Cities										
Edmonton	-	21	12	3	323	1	75	1	49	178
Calgary	-	11	3	-	54	3	52	4	959	1178
Grande Prairie	-	-	1	-	3	-	1	-	2	3
Lethbridge	-	1	1	-	4	-	4	1	7	35
Medicine Hat	-	7	-	-	42	-	1	-	4	20
Red Deer	-	4	-	-	61	-	5	-	12	45
Health Units										
Alberta East Central	-	-	-	-	40	-	-	-	24	123
Athabasca	-	4	1	1	231	-	3	-	26	101
Banff National Park	-	-	-	-	-	-	2	-	1	6
Barons Eureka	-	-	-	-	115	1	2	-	58	173
Big Country	1	-	-	-	14	-	1	-	3	15
Chief Mountain	-	-	-	-	21	-	1	-	7	36
Chinook	-	3	-	-	27	-	4	-	11	9
County of Warner	-	-	-	-	8	1	1	-	33	7
Drumheller	-	-	-	-	2	-	-	-	3	2
Edson	-	2	3	-	118	-	2	-	8	26
Foothills	1	1	-	-	3	-	7	-	21	63
Grande Prairie	-	1	28	1	145	-	-	-	1	1
Jasper National Park	-	-	1	-	11	-	-	-	1	12
Leduc - Strathcona	-	-	1	-	126	-	3	-	13	26
Medicine Hat	-	1	-	-	33	-	1	-	1	1
Minburn - Vermilion	-	-	-	-	70	-	-	-	-	16
Mount View	-	2	-	-	20	-	2	-	19	75
North Eastern Alberta	-	2	4	-	20	-	1	-	11	5
Peace River	-	3	6	-	47	1	3	-	12	9
Red Deer	-	-	-	-	75	2	4	-	38	68
Stony Plain - Lac Ste. Anne	-	3	-	-	150	1	2	-	4	9
Sturgeon	-	-	2	1	295	-	1	-	6	52
Vegreville	1	-	-	-	91	-	1	-	11	12
Wetoka	-	-	-	-	18	-	1	-	6	44
Other Jurisdictions										
Canadian Forces	-	-	1	-	-	-	-	-	-	-
Indian Reservations	-	-	18	3	33	5	1	-	10	2
Northern Alberta Health Services	-	1	5	-	136	-	5	-	5	3
Other Municipalities	-	-	-	-	3	-	-	-	-	4
TOTAL	3	67	87	9	2339	15	186	6	1366	2359

*In addition to the above, there were four reported cases of staphylococcal food poisoning in the city of Calgary, and four reported cases of meningococcal infection, one in the Big Country Health Unit, two in the North Eastern Alberta Health Unit and one in the Northern Health Services Area.

TABLE 2 REPORTED CASES OF NOTIFIABLE DISEASES BY SEX AND AGE, ALBERTA, APRIL-JUNE, 1975*

Disease	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 59		60+		Age not known		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Intestinal Infections																								
Salmonellosis																								
(a) with food as vehicle	-	-	1	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	1
(b) without mention of food as vehicle	4	6	5	7	3	2	4	3	2	-	1	3	3	3	2	5	4	6	2	2	-	-	30	37
Bacillary dysentery	6	3	27	29	2	2	-	2	-	1	1	2	1	2	1	3	4	-	-	1	-	-	42	45
Other Bacterial Diseases																								
Diphtheria	-	-	1	2	1	1	-	-	1	1	-	-	-	1	-	-	-	-	-	1	-	-	3	6
Streptococcal sore throat and Scarlet fever	17	12	224	173	406	422	222	235	96	80	55	60	36	77	40	76	44	45	8	11	-	-	1148	1191
Pertussis (Whooping cough)	2	5	1	3	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	9
Other Virus Diseases																								
Infectious hepatitis	-	-	1	2	4	6	13	8	13	25	22	20	20	7	13	4	9	14	3	2	-	-	98	88
Serum hepatitis	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	2	-	1	-	-	-	3	3
Measles	23	15	85	83	307	327	208	208	41	33	7	4	2	11	5	4	-	3	-	-	-	-	678	688
Rubella (German measles)	18	23	130	114	409	485	397	256	187	84	27	70	20	59	22	38	7	12	1	-	-	-	1218	1141
Gonorrhoea																								
Genito-urinary	-	-	-	1	-	-	2	6	159	201	345	166	258	73	174	50	105	18	8	2	8	4	1059	521
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis																								
Congenital	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Acquired																								
(a) Early symptomatic																								
- Primary	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	3	-
- Secondary	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	2	-
-Other and unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(b) Latent	-	-	-	-	-	-	-	-	-	-	2	-	1	-	1	-	1	-	2	1	-	-	7	1
(c) Late	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

*In addition to the above, there were four cases (all female) of staphylococcal food poisoning in the 15-19 year age group. There were three male cases of meningococcal infection, one in the 10-14 age group, one in the 15-19 age group and one in the 40-59 year age group; there was one female case of meningococcal infection in the 20-24 year age group.

TABLE 3 REPORTED CASES OF NOTIFIABLE DISEASES (EXCLUDING VENEREAL DISEASES, TUBERCULOSIS AND RARE DISEASES) AND INCIDENCE RATES, ALBERTA, APRIL-JUNE 1975, WITH AVERAGES FOR CORRESPONDING QUARTER 1970 - 1974 *

Disease	April - June 1975		Average for Second Quarter 1970 - 74	
	Cases	Incidence Rate per 100,000	Cases	Incidence Rate per 100,000
Intestinal Infections				
Salmonellosis				
(a) with food as a vehicle	3	0.17	29.40	1.78
(b) without mention of food as vehicle	67	3.81	100.80	6.11
Bacillary dysentery	87	4.95	64.60	3.92
Other Bacterial Diseases				
Diphtheria	9	0.51	8.20	0.50
Streptococcal sore throat and scarlet fever	2339	132.97	614.60	37.25
Pertussis (Whooping cough)	15	0.85	19.80	1.20
Other Virus Diseases				
Infectious hepatitis	186	10.57	280.00	16.97
Serum hepatitis	6	0.34	13.80	0.84
Measles	1366	77.66	717.00	43.45
Rubella (German measles)	2359	134.11	935.80	56.72

*Population figures for incidence rates are from Statistics Canada's quarterly estimates - Catalogue 91-001, April 1975.

TABLE 4 REPORTED CASES OF VENEREAL DISEASES AND INCIDENCE RATES BY SEX, ALBERTA, APRIL - JUNE 1975, WITH AVERAGES FOR CORRESPONDING QUARTER 1970 - 1974*

	April - June 1975				Average for Second Quarter 1970 - 74			
	Cases		Incidence Rate per 100,000		Cases		Incidence Rate per 100,000	
	Male	Female	Male	Female	Male	Female	Male	Female
Gonorrhoea								
Genito-Urinary	1,059	521	118.59	60.16	963.60	437.40	115.13	53.80
Other	-	-	-	-	-	-	-	-
Syphilis								
Congenital	-	1	-	0.12	0.80	0.60	0.10	0.07
Acquired								
(a) Early symptomatic								
- Primary	3	-	0.34	-	3.00	0.20	0.36	0.02
- Secondary	2	-	0.22	-	4.00	1.80	0.48	0.22
- Other and unspecified	-	-	-	-	0.20	0.80	0.02	0.10
(b) Latent	7	1	0.78	0.12	7.60	7.20	0.91	0.89
(c) Late	-	-	-	-	0.20	0.20	0.02	0.02

*Population figures for incidence rates are from Statistics Canada's quarterly estimates - catalogue 91-001, April, 1975. The 1971 Alberta sex ratio was used to calculate male/female populations.

GLOSSARY

Boarding Home - A foster home in which the foster parents receive monetary compensation from the department to cover boarding expenses, clothing, etc. for the ward.

Caseload - The number of households, or units, assisted; these units consisting of one or more persons. Caseload is often used to refer to the collective heads of these units. (See "household head").

Child Welfare Act (1970, as amended) - A provincial act under which the welfare of children in the province of Alberta is safeguarded.

Epidemiology - The study of the incidence, distribution and control of disease in a population.

Free Home - A foster home in which the foster parents have chosen to receive no monetary compensation from the department for the care of the ward.

Household Head - For census purposes, every household must have a head. This is the husband if both a husband and wife are present, the parent if living with unmarried children, or any member of a group sharing a dwelling equally. A person occupying a dwelling alone is always reported as the head.

Independent Placement - A situation where an older teenage ward is granted independent status by the Director of Child Welfare to live on his own.

Juvenile Delinquency Act (1929, as amended) - A federal act which establishes guidelines as to who delinquents are, how they are to be handled, and which provides the authority for provincial governments to develop flexible program service.

Life Expectancy (e_o) - The average number of years that a person in a given cohort can expect to live. The cohort may be defined by such characteristics as sex, race, occupation, etc.

Mortality rate - Death rate.

Municipal Caseload - A municipality is responsible for assisting an employable person who is a resident of the municipality and
(1) was a resident of the municipality during the twelve months immediately preceding his application, and
(2) did not, during any part of these twelve months, receive material aid from the province or any other municipality.
The municipality is reimbursed 90% by the province for expenditures incurred.

Non-Ward (now called "custody by agreement") - Is a child (under the age of 18) whose parents have entered into an agreement with the director of child welfare for the temporary care of the child; the parents retain guardianship rights. Situations which result in custody by agreement usually involve circumstances such as illness of the parents, or the child, which make care of the child beyond the parents' capabilities.

Permanent Ward - A child (under the age of 18) whose ties with his natural parents have been completely severed and whose sole custodian and guardian is the director of child welfare. Permanent wardship expires at age 18; but until that time, such children are adoptable.

Reasons for Assistance - The social allowance program is available to those persons who lack the resources or income sufficient to meet their needs and those of their dependents. Eligibility for assistance is defined within the following categories for each application; the social worker assigns a reason for assistance on the following rank order basis. Applicants are assigned to the first category of reason for assistance that applies to them, proceeding through the list of reasons in their specified order.

Age (Person 60 or over) - A person may be considered eligible for assistance under this reason if 60 years of age or older. Prior to November 1971, women between 55 and 60 years of age were also eligible for social allowance by reason of age alone.

Person with Dependent Children - This reason is applicable to the single parent family where the parent (of either sex) actually has custody of or is personally caring for a dependent child.

Physical Ill Health/Disability - This reason is applicable to a person with a physical disability, impairment, or illness, regardless of expected duration, which prevents rendering services for wages sufficient to meet the person's needs and those of dependents.

Mental Ill Health - This reason is applicable to persons having an obvious mental illness or a medical certificate confirming such mental illness, regardless of the expected duration.

Mental Retardation - This reason is applicable to persons who are mentally retarded. A medical certificate or assessment is required if the disability is not readily recognizable.

Employables - This reason is applicable to persons who are unemployed and seeking employment or whose employability may be under assessment, as well as to persons employed full- or part-time with insufficient income. This reason also applies to persons temporarily unavailable for work because of schooling, pregnancy, or in jail for less than 90 days.

Unsuitable for Employment - This reason is applicable to cases which have been assessed as socially, psychologically, or otherwise unsuited for employment. Such cases would be transferred from other reasons for assistance after the assessment period.

Guardian Social Allowance - This is an extension of the social allowance program designed to assist persons acting as guardians and providing care to children placed in their homes by parents unable or unwilling to provide such care.

Recipients - In contrast to the term "caseload", this term refers to the unit heads plus their dependents. The number of recipients on assistance is approximately two or three times as great as the caseload.

Temporary Ward - Children (under the age of 18) who are in custody of the director of child welfare for a temporary period. At the end of this specified period, the temporary wardship is reviewed by the court. Three possible outcomes of this review are:

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